

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-379)

SERIAL NO.

10/525952

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		3		1		
6	1		1			
7		1		1		
8		1		1		
9		3		1		
10	1	3	1			
11		1		1		
12		1		1		
13		1		1		
14		3		1		
15		3		1		
16	1		1			
17		1		1		
18		1		1		
19		3		1		
20		3		1		
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23	1		1			
24		1		1		
25		1		1		
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50						
TOTAL IND.	6	↓	6	↓		↓
TOTAL DEP.	44	←	24	←		←
TOTAL CLAIMS	60		30			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

BEST AVAILABLE COPY